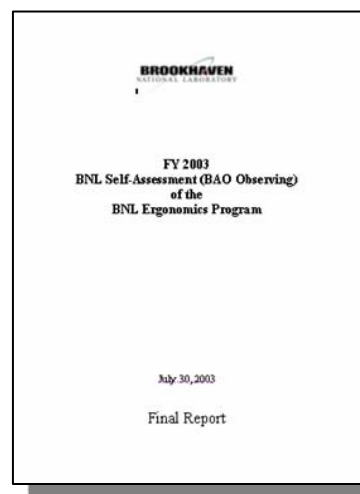


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## Contents

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- 2.0 Responsibilities
- 3.0 Definitions
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### 1.0 Purpose & Scope

This document describes the process of conducting a Self Assessment of an Industrial Hygiene subject area. The goal of the procedure is to provide a uniform methodology/protocol to ensure high quality assessments. This procedure provides direction on content and structure of the assessment review reports and status tracking.

### 2.0 Responsibilities

- 2.1 **Program Administration:** This procedure is administered through the Safety and Health Services Division (SHSD) Industrial Hygiene Group (IH). The IH Group Leader uses [IH50500](#) to plan the program areas to be assessed each year, set due dates, and the assign IH staff to conduct assessments (*Lead Assessors*).
- 2.2 **Lead Assessor** is responsible to follow this procedure in conducting the assessment, reporting results, and tracking the status.
  - The Lead Assessor is responsible to report progress on the assessment on a weekly basis to the IH Group Leader using a format such as **Attachment 9.3**.
  - The Lead Assessor is responsible to manage and schedule the assessment as a project using a timeline such as the example in **Appendix 9.2**.

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### 3.0 Definitions

3.1 **Lead Assessor:** A person assigned by the IH Group Leader to plan, organize, lead and document the self-assessment.

4.0 **Prerequisites** *Lead Assessors* must have subject matter expert knowledge of the topic to be assessed.

### 5.0 Precautions

**Personal Protective Equipment:** The use of personal protective equipment to protect the assessment team members is required when field reviews are done in areas with hazards. If it is necessary for an assessment team member to enter areas with hazards, appropriate personal protective equipment must be obtained, qualified, and used.

### 6.0 Procedure

6.1 **Equipment:** None

6.2 **Planning the assessment:** The key assessment steps are summarized using the format in *Attachment 9.1: Compliance Self-Assessment Master Checklist*.

6.2.1 At the beginning of the assessment quarter, the *Lead Assessor* announces the assessment to BNL organizations via email or memorandum, giving the dates and scope of the assessment. This announcement should occur at least one month prior to the start date of field reviews.

6.2.2 As early as possible prior to the start of field reviews, the *Lead Assessor* offers assistance to line organizations in preparing for the assessment. This can be done by providing written guidance, answering submitted questions, scheduling assistance meeting(s), and/or conducting one-on-one meetings as requested by BNL organizations

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**6.3 Scoping meeting:** The *Lead Assessor* holds an *Assessment Scoping Meeting* with the IH Group Leader, SHSD Manager, (Brookhaven Site Office) BHSO counterparts, and members of the Assessment team. At this meeting:

- 6.3.1 The scope of the assessment (what drivers will apply, program elements to include, etc.), field assessment protocol, BHSO participation, start dates, milestone dates, and completions dates are set.
- 6.3.2 Service organizations that play a role in implementation of the subject area services are identified to receive field assessments.
- 6.3.3 Line organizations that interact with the subject area are identified to receive field assessments.

**6.4 Driver Review:** The *Lead Assessor* researches current regulatory drivers from on-line databases and regulatory web sites.

- 6.4.1 The *Lead Assessor* prepares assessment **checklist(s)** based on contractual drivers. The *Lead Assessor* circulates the checklist to the assessment team for review. See **Appendix 9.4** for an example of a program checklist. See **Appendix 9.5** for an example of a field implementation checklist.

**6.5 Preliminary Management In-Briefing:** The *Lead Assessor* conducts an “In Brief” (pre-review) meeting with key BNL managers (if requested by management).

**6.6 Written Program Review:** The Assessment team reviews the BNL written program for compliance with applicable regulatory driver(s). The team determines if BNL written program (SBMS Subject Area, SOPS, etc.) contains all needed elements and complies with the regulatory driver. Gaps are recorded in the *Self Assessment Report*.

**6.7 Program Service Delivery Review:** The Assessment team reviews internal BNL services providers who administer portions of the BNL written program for compliance with applicable regulatory driver(s). Elements to be reviewed include medical surveillance/approval, training, protective equipment specification and issuance, hazard assessments, exposure monitoring, etc.

**6.8 Line Implementation Field Review**

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- 6.8.1 The *Lead Assessor* announces start of field assessments via e-mail or memo and schedules field reviews of line organizations operations via Microsoft Outlook calendar appointments.
- 6.8.2 The lead assessor conducts an Opening Meeting with the line organization if requested.
- 6.8.3 The Assessment team conducts Field implementation reviews on BNL organizations. Gaps are recorded in the *Self-Assessment Report*.

**6.9 Assessment Report:**

- 6.9.1 The *Lead Assessor* prepares a Draft *Self-Assessment report*.
- 6.9.2 The *Lead Assessor* circulates the Draft *Self-Assessment Report* to BAO counterpart and assessment team for review and comment.
- 6.9.3 The *Lead Assessor* prepares correspondence and routes the Draft *Self-Assessment Report* for factual accuracy review by impacted organizations and BNL management.
- 6.9.4 The *Lead Assessor* resolves issues and revises the Draft *Self-Assessment Report* based on comments received during the Factual Accuracy comment period.
- 6.9.5 The *Lead Assessor* issues the Final *Self-Assessment Report* to SHSD Management, the Office of Independent Oversight, and all parties assessed.

**6.10 Corrective Action Plan:** If there are identified conditions that need corrections:

- 6.10.1 The *Lead Assessor* prepares the Draft *Corrective Action Plan*.
- 6.10.2 The *Lead Assessor* circulates the Draft *Corrective Action Plan* to all organizations with an identified action for a Factual Accuracy review and consensus on action description and commitment dates.
- 6.10.3 The *Lead Assessor* resolves issues and revises the *Draft Corrective Action plan* based on comments received during the Factual Accuracy comment period.
- 6.10.4 The *Lead Assessor* issues the Final *Corrective Action Plan* to SHSD Management, the Office of Independent Oversight (IO), and all parties with an identified action.
- 6.10.5 The *Lead Assessor* prepares *ATS* wording for concerns/finding and submit to IO (for Special Emphasis Assessments) and to SHSD Activity Tracking System (ATS) (for IH Group periodic assessments).

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6.11 **Out Brief Meeting:** The Lead Assessor conduct “Out Brief” meeting (if requested by BNL management).

6.12 **Record Management**

6.12.1 At the end of the assessment, key records (Factual Accuracy Version of the Report, Final version of the Assessment Report, and the Corrective Action Plan) are filed with the IH Records Custodian under the **file code IH41**. Records are to be maintained as per the record management system described in IH60200 for at least 10 years.

6.12.2 The “working papers” generated during the assessment (copies of document reviewed, hand written notes by the assessment team used to prepare the Assessment Report, etc.) can be discarded at the end of the assessment or returned to the generating organization for their discretion in record retention.

## 7.0 **Implementation and Training**

7.1 **Qualification Criteria:** Only individuals who have demonstrated knowledge of this procedure, to the satisfaction of the IH Group Leader, will be qualified to perform in the role of *Lead Assessor*. The qualification criteria to perform the role *Lead Assessor* are demonstrated competency in knowledge of this procedure and knowledge of the subject area to be assessed. Qualification is document in *Attachment 9.6 Job Performance Measure*.

## 8.0 **References**

8.1 Industrial Hygiene Auditing: A Manual for Practice, A. Leibowitz, AIHA Publications, 1994.

## 9.0 **Attachments**

9.1 **BNL IHG Self Assessment Master Checklist**

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## 9.2 Sample Project Plan Timeline

## 9.3 Sample weekly Activity Status Report

## 9.4 Sample of *Program review Checklist*

## 9.5 Sample of *Field Compliance Reviews Checklists*

## 9.6 Job Performance Measure Qualification Form

## 10.0 Documentation

Document Development and Revision Control Tracking		
PREPARED BY: <i>(signature and date on file)</i> R. Selvey Date 10/28/03	REVIEWED BY: <i>(signature and date on file)</i> K. Erickson Date 10/30/03	APPROVED BY: <i>(signature and date on file)</i> R. Selvey Group Leader Date 10/31/03
ESH Coordinator/ Date: <i>none</i>	Work Coordinator/ Date: <i>none</i>	SHSD Manager / Date <i>none</i>
QA Representative / Date: M./ Pizzulli 07/15/06	Training Coordinator / Date: <i>none</i>	Filing Code: <b>IH52</b>
Facility Support Rep. / Date: <i>none</i>	Environ. Compliance Rep. / Date: <i>none</i>	Effective Date: <b>11/04/03</b>
ISM Review - Hazard Categorization <input type="checkbox"/> High <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Low/Skill of the craft	Validation: <input type="checkbox"/> Formal Walkthrough <input type="checkbox"/> Desk Top Review <input type="checkbox"/> SME Review Name / Date:	Implementation: Training Completed: Tracked in BTMS Procedure posted on Web: 08/30/06 Hard Copy files updated: 08/30/06

Revision Log
Purpose: <input type="checkbox"/> Temporary Change <input type="checkbox"/> Change in Scope <input checked="" type="checkbox"/> Periodic review <input type="checkbox"/> Clarify/enhance procedural controls Changed resulting from: <input type="checkbox"/> Environmental impacts <input type="checkbox"/> Federal, State and/or Local requirements <input type="checkbox"/> Corrective/preventive actions to non-conformances <input checked="" type="checkbox"/> none of the above Section/page and Description of change: Rev1: Added Attachment 9.6 the JPM for Qualification of Assessor. Revised the format of section 10 to most recent version. Reviewed the document and no changes were indicated.

The only official copy is on-line at the SHSD IH Group website.  
Before using a printed copy, verify that it is current by checking the document issue date on the website.

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<i>R. Selvey 07/12/06 (signature on file)</i> SME Reviewer/Date:	Reviewer/Date:	Reviewer/Date:
Purpose: <input type="checkbox"/> Temporary Change <input type="checkbox"/> Change in Scope <input type="checkbox"/> Periodic review <input type="checkbox"/> Clarify/enhance procedural controls Changed resulting from: <input type="checkbox"/> Environmental impacts <input type="checkbox"/> Federal, State and/or Local requirements <input type="checkbox"/> Corrective/preventive actions to non-conformances <input checked="" type="checkbox"/> none of the above Section/page and Description of change: Added 6.8.2 regarding an opening meeting, 6.12 for Records Management, added "documents reviewed for form in Attachment 9.5, and added JRA checkoff to Attachment 9.6 JPM.		
<i>R. Selvey 08/30/06 (signature/date on file)</i> SME Reviewer/Date:	SME Reviewer/Date:	SME Reviewer/Date:

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## Attachment 9.1

### Compliance Self-Assessment Master Checklist

Item	Criteria	Yes/No
1	<b>Scope and Planning meeting conducted with all members of assessment team invited to participate (BNL-BNL, DOE-BAO, others) ?</b> Meeting held on :                      Date: MM/DD/YY	
2	<b>Regulatory Driver, Consensus Standards, DOE Orders, and Best Management Practice documents identified and incorporated into the assessment?</b> Search performed by:      Lead Assessor Name      Date: MM/DD/YY	
3	<b>BNL Lab-wide Written Program reviewed for compliance with drivers?</b> Checklist prepared:                      Date: MM/DD/YY Reviewed by assessment team:      Date: MM/DD/YY Distributed to BNL organizations:      Date: MM/DD/YY Formal review performed:              Date: MM/DD/YY –MM/DD/YY Review performed by:                  Team Member's Names	
4	<b>Field Compliance inspected for adherence to BNL Written program and regulatory drivers ?</b> Checklist Prepared:                      Date: MM/DD/YY Checklist reviewed by Team:          Date: MM/DD/YY Field Reviews completed on:          Date: MM/DD/YY –MM/DD/YY Review performed by:                  Lead Assessor Name, Team members name, BAO counterpart	
5	<b>Self Assessment Report Written</b> Draft Prepared:                          Date: MM/DD/YY Draft reviewed by Team:              Date: MM/DD/YY Factual Accuracy Review:              Date: MM/DD/YY Final Report Issued:                      Date: MM/DD/YY	
6	<b>Corrective Action Plan and ATS Finding prepared for Gaps</b> Draft CAP Prepared:                      Date: MM/DD/YY Draft CAP Reviewed by Team:          Date: MM/DD/YY Action Owner Review:                  Date: MM/DD/YY Final CAP Issued:                          Date: MM/DD/YY ATS Items submitted to IO:              Date: MM/DD/YY	



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## Attachment 9.2

### Sample of Assessment Schedule

#### *BNL xxx Program FYnn Self-Assessment Schedule*

WBS#	Task	Assigned to:	Status/ (Duration)	Project Dates- Acceptable Task Date Ranges or Due Dates			
				Month1 nn/01/nn – nn/30/nn	Month2 mm02/01/nn – mm02/31/nn	Month3 Mm03/01/nn – mm03/30/nn	Month4 Mm04/01/nn – mm04/31/nn
1.0	Pre-Assessment Assistance to BNL Organizations month1/01/nn – month1/30/nn						
1.1	Announce assessment to organizations	Lead assessor	Completed (2 hours)				
1.2	Announce preparation/ guidance meeting(s)	Lead assessor	(1 hours)				
1.3	Conduct preparation meeting and one-on-one meetings requested by BNL organizations	Lead assessor	(as needed, estimate 10 hours)				
2.0	Self-Assessment month2/01/nn – month2/30/nn						
2.1	Compile contractual/ regulatory drivers list.	Lead assessor	(4 days)				
2.2	Hold Scoping Meeting. Determine field assessments.	Assessment Team	(1 day)	Critical			
2.3	Prepare assessment checklists based on contractual drivers	Lead assessor					
2.3	Hold meeting or via email team reviews driver list and checklists.	Assessment Team	(2 hours)				
2.5	Announce start of field assessments via e-mail or memo and schedule field reviews on MS Outlook.	Lead assessor	(1 hour)				
2.6	Conduct “In Brief” (pre-review) meeting with key BNL managers (if requested by management).	Lead assessor	(2 hours)				

Sample

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WBS#	Task	Assigned to:	Status/ (Duration)	Project Dates- Acceptable Task Date Ranges or Due Dates			
				Month1 nn/01/nn – nn/30/nn	Month2 mm02/01/nn – mm02/31/nn	Month3 Mm03/01/nn – mm03/30/nn	Month4 Mm04/01/nn – mm04/31/nn
2.7	Conduct BNL written program vs. regulatory driver(s) review	Assessment Team	(4 days)		<b>Critical Path Start:</b>		
2.8	Conduct Field implementation reviews on BNL Organizations	Assessment Team	(14 days)		<b>Critical Path Start:</b>		
<b>3.0</b>	<b>Self-Assessment Report Preparation</b>	<b>month03/01/ - month03/31/nn</b>					
3.1	Prepare <i>Draft Assessment report</i>	Lead assessor	(5 days)			<b>Key Due date nn/nn/nn (Milestone)</b>	
3.2	Circulate <i>Draft Assessment Report</i> to BAO counterpart and assessment team for review and comment.	Lead assessor/ BAO counterpart	<b>Sample</b>				
3.3	Prepare correspondence and route <i>Draft Assessment Report</i> for factual accuracy review by impacted organizations and BNL management	Lead asses					Due Date: nn/nn/nn
3.4	Factual Accuracy comment period	BNL Organizations	(2 hours)			Due Date nn/nn/nn	
3.5	Resolve issues and incorporate comments from FA review into <i>Final Assessment Report</i>	Lead assessor	(5 days)				
3.6	Present <i>Final Assessment Report</i> to IO.	Lead assessor	(1 day)			<b>Key Due Date nn/nn/nn Assessment Final Milestone</b>	

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WBS#	Task	Assigned to:	Status/ (Duration)	Project Dates- Acceptable Task Date Ranges or Due Dates			
				Month1 nn/01/nn – nn/30/nn	Month2 mm02/01/nn – mm02/31/nn	Month3 Mm03/01/nn – mm03/30/nn	Month4 Mm04/01/nn – mm04/31/nn
3.7	Conduct “Out Brief” meeting (if requested by BNL management).	Lead assessor	(1 day)				
3.8	Issue <i>Final Assessment Report</i> from BNL to BAO.	IO Office	(1 day)			<b>Key Due Date nn/nn/nn Milestone</b>	
<b>4.0</b>	<b>Corrective Action Plan</b>	<b>month4/01/nn – monh4/30/nn</b>					
4.1	Prepare draft <i>Corrective Action Plan</i> (CAP) based on Final report	Lead assessor	3 days	Sample			
4.2	Distribute <i>Draft CAP</i> to affected organizations for comment	Lead assessor					
4.3	Comment period on <i>Draft CAP</i>	BNL Organizations	1 day				
4.4	Resolve issues on <i>Draft CAP</i>	Lead assessor	3 days				
4.5	Issue Final <i>Corrective Action Plan</i> to IO.	Lead assessor	2 days				<b>Key Due Date: Nn/nn/nn Milestone</b>
4.6	Prepare <i>ATS</i> wording for concerns/finding and submit to IO for entry.	Lead assessor	2 days (2 day)				<b>Key Due Date: nn/nn/nn Final Milestone</b>

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### Attachment 9.3

## *Sample: Weekly Self-Assessment Activity Status Report*

**Assessment Title:** \_\_\_\_\_

**Report By:** \_\_\_\_\_ **Week Ending:** \_\_\_\_\_

WBS Item	Action this week by IHG	ATS Due Date/ IHG Owner
Scoping meeting		
Preparatory Meetings with organizations		
Regulatory Driver search and review		
Program Review		
Service Provider Review		
Field- line organization Review	<b>Sample</b>	
Team Draft Assessment Report		
Factual Accuracy Report		
Final Report		
Corrective Action Plan Draft		
Corrective Action Plan- Final		
Entry of Actions into ATS		
Closure of SHSD Assigned Action Items		

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## Attachment 9.4

### Sample of *Program Checklist*

#### FYnn BNL *Beryllium Program Self Assessment* - Written Program Checklist

	DOE Rule 10CFR850	DOE requirement	Observed State	Compliance Status
1.	10 c.	<b>CBDPPS</b> shall be reviewed at least annually and updated as necessary.		
2.	11 b	<b>CBDPP:</b> Include formal plans and measures for - maintaining exposures to beryllium at or below the permissible exposure levels (PELs); - minimizing the number of current workers exposed and potentially exposed to beryllium; - minimizing the number of opportunities for workers to be exposed to beryllium		
3.	20	<b>Baseline beryllium</b> inventory of : - beryllium <b>operations</b> and contamination - identify the <b>workers</b> exposed or potentially exposed to beryllium at those locations. (1) Review employee records; (2) Interview employees; (3) Document the presence and locations of beryllium at the facility (4) Conduct sampling to identify the presence of beryllium.		
4.		<b>Additional topic listed as rows....</b>		

Review Conducted by:

Name	Organization	Date

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## Attachment 9.5

### Sample of *Field Compliance Reviews Checklist*

Organization:	Date:
Interviewed:	
Documents Reviewed:	
Review By:	

	Requirement	Observed State	Compliance Status
1.	<b>Baseline beryllium inventory:</b> Organization has submitted information for the baseline inventory of : - beryllium <b>operations</b> and other locations of potential beryllium contamination - identify the <b>workers</b> exposed or potentially exposed to beryllium at those locations.	<i>Record status found in field</i>	Complies/ Does not comply/  Open/Corrected
2.	<b>Initial Monitoring</b> Perform initial monitoring for a that may have airborne concent as shown by the baseline inventory and hazard assessment.		
3.	<b>Additional rows for each requirement...</b>		

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## IH50510 Attachment 9.6

Environmental, Safety, Health & Quality Directorate  
SHSD Industrial Hygiene

### IH Self Assessment: Conducting & Reporting Assessments Job Performance Measure (JPM) Completion Certificate

Candidate's Name	Life Number:
------------------	--------------

#### Practical Skill Evaluation: Demonstration of Evaluation Methodology by Oral Exam

Criteria	Qualifying Performance Standard	Unsat.	Recov.	Satisf.
1. Planning the assessment	Demonstrates knowledge of preparing a plan with the key assessment steps in <b>Attachment 9.1: Compliance Self-Assessment Master Checklist</b> .			
2. Scoping the assessments	Demonstrates knowledge of the elements a <i>Scoping Meeting</i> with the IH Group Leader, SHSD Manager, BAO counterparts, and members of the Assessment team.			
3. Driver Review	Demonstrates knowledge of the need to research current regulatory drivers and prepare assessment <b>checklists</b> based on contractual drivers.			
4. Preliminary Management In-Briefing	Demonstrates knowledge of conducting an "In Brief" (pre-review) meeting with key BNL managers (if requested by management).			
5. Written Program Review	Demonstrates knowledge of reviewing the BNL written program (SBMS Subject Area, SOPS, etc.) for compliance with applicable regulatory driver(s).			
6. Program Service Delivery Review	Demonstrates knowledge of reviewing internal BNL services providers who administer portions of the BNL written program for compliance with applicable regulatory driver(s).			
7. Line Implementation Field Review	Demonstrates knowledge of Field implementation reviews on BNL organizations.			
8. Assessment Report	Demonstrates knowledge of preparing a Draft <i>Self-Assessment report</i> , factual accuracy review, and Final <i>Self-Assessment Report</i> . Has knowledge of distribution for each stage. Demonstrates familiarity with content of <i>IH50520</i> .			
9. Corrective Action Plan	Demonstrates knowledge of preparing a Draft, Factual Accuracy, and Final <i>Corrective Action Plan</i> . Knows to prepare <i>ATS</i> wording for concerns/finding and submit to IO (for Special Emphasis Assessments) and to SHSD FATS (for IH Group periodic assessments). Demonstrates familiarity with content of <i>IH50520</i> .			

I accept the responsibility for performing this task as demonstrated within this JPM and the corresponding SOP.

Candidate Signature:	Date:
----------------------	-------

I certify the candidate has satisfactorily performed each of the above listed steps and is capable of performing the task unsupervised.

Evaluator Signature:	Date:
----------------------	-------